

PRINTED: 01/20/2011
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3543AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/11/2011
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STREET ADDRESS, CITY, STATE, ZIP CODE

2620 E ROBINDALE ROAD
HENDERSON, NV 89074

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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This Statement of Deficiencies was generated as a result of a Change of Category survey conducted in your facility on 1/11/11. This State Licensure survey was conducted by the authority of NRS 449.150. Powers of the Health Division.

The facility is currently licensed for 103 Residential Facility for Group beds 48 beds elderly and disabled persons, Category I residents and 55 beds for care to person's with Alzheimer's, Category II. The facility is requesting a category change in the Red Cottage to 12 Beds for care to person's with Alzheimers.

The following deficiencies were identified:

Y 991 449.2756(1)(b) Alzheimer's Fac door alarm

NAC 449.2756

1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:

(b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility.

This Regulation is not met as evidenced by:
Based on observation on 1/11/11, the facility

Y991

a) The back exit door by room #808 was immediately armed for sound. 1/11/11

b) All exit doors will be checked daily by the Maintenance Director to ensure that they are armed for sound. The Administrator will monitor for compliance weekly. Please refer to attachment #1 (check-list)

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Administrator

2/1/11


STATE FORM

689C

SI6H11

If continuation sheet 1 of 3



Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3543AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/11/2011
NAME OF PROVIDER OR SUPPLIER COTTAGES OF GREEN VALLEY		STREET ADDRESS, CITY, STATE, ZIP CODE 2620 E ROBINDALE ROAD HENDERSON, NV 89074		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 991	Continued From page 1 failed to ensure that 1 of 2 of exit doors had installed alarms that operated when the exit door was opened (back exit door by Room #808).	Y 991	Y994 a) All knives were immediately removed from the dining room tables and locked in the cabinets. The Re- sident Coordinator or designee will check all cottages daily to ensure that there are no accessible dangerous items present. The Administrator will monitor for compliance. Please refer to attachement #2 (checklist)	1/11/11
Y 994	449.2756(1)(e) Alzheimer's facility - Dangerous items NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. This Regulation is not met as evidenced by: Based on observation on 1/11/11, the facility failed to ensure dangerous items were not accessible to residents (knives were observed to be on dining room table).	Y 994 		
Y 998	449.2756(f)(4) Alzheimer's Facility-Yard safe NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (f) The facility has an area outside the facility or a yard adjacent to the facility that: (4) Is maintained in a manner that does not jeopardize the safety of the residents. All gates leading from the secured, fenced area	Y 998		

RECEIVED
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BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

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Bureau of Health Care Quality and Compliance

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Y 998	Continued From page 2 or yard to an unsecured open area or yard must be locked and keys for gates must be readily available to the members of the staff of the facility at all times. This Regulation is not met as evidenced by: Based on observation on 1/11/11, the facility failed to provide a safe outside area for residents (Gas grill and water hose was observed in common area).		Y 998 	Y998 The gas grills and Water hose were immediately removed From the common Areas. All common Areas will be checked Daily to ensure that The area is maintained in a manner that does not jeopardize the safety of the residents. The Administrator will monitor for compliance. Please refer to Attachment #3	1/11/11
Y 999	449.2754(1)(g) Alzheimer's Facility-Toxic substances NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. This Regulation is not met as evidenced by: Based on observation on 1/11/11, the facility failed to ensure toxic substances were inaccessible to residents (Fabric Freshner and Biofreeze pain gel was located in living room unsecured.)		Y 999 	Y999 The Fabric Freshner And biofreeze pain Gel was immediately Removed from the Cottage. The Supervisor will check all Memory care cottages daily to ensure that toxic substances are inaccessible to residents. The Administrator will monitor for compliance. Please refer to Attachment #4	1/11/11

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STATE FORM

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If continuation sheet 3 of 3